

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20328	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE												
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN		IN CITY <b>LEBANON</b>		DATE OF CRASH: 11 12 09 11 AM	DAY: SAT	TIME: MILITARY 1706										
CRASH OCCURRED ON PRIVATE PROPERTY				WITHIN THE INTERSECTION OF _____												
IF NOT IN INTERSECTION _____ MILES 300 FEET W _____ S _____ E OF Columbus Ave						CITY CODE 8303										
LOG-1	LOG-2	LOC	JUR	FH9	FILT											
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT UNKNOWN									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____												
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) _____				ADDRESS _____ PHONE _____												
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE									
		TRUCK	White	TK			NONE									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION										
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY										
						<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED										
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT GRANGE Ins Co									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) NONE				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) NONE												
PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) BLOSSER, KRISTINE S				ADDRESS 6123 ST. RT 350 GREGONIA, OH 45054												
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE									
2010	HONDA	ACCORD	BLACK	4H	OH	FPE 8270	NONE									
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION										
		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		<input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED										
						<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION			INJURIES								
					A	B	C	D	E	F	A	B	C	D	E	F
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				CONDITION								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN								
				P-PEDESTRIAN				RESTRAINTS								
A	B	C	INJURED TAKEN TO _____ By _____			ALCOHOL										
D	E	F	INJURED TAKEN TO _____ By _____			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED										
OFFENSE CHARGED AND DESCRIPTION				EJECTION			DRUGS									
A	ORC CITY ORD NONE			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			TESTED									
OFFENSE CHARGED AND DESCRIPTION				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			TESTED									
RECEIVED CALL 1706	DISPATCHED 1707	ARRIVED 1708	CLEARED 1712	OTHER TIME 20	TOTAL MINUTES 24		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG									
DATE REPORT FILED 11 10 29 11 14	PHOTOS YES	OFFICER'S NAME PH. Todd #116	BADGE NO. 116	CHECKED BY												

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO